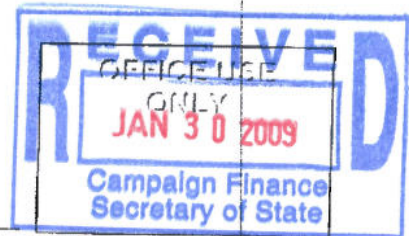


2008 ELECTION CYCLE
CPR - SS 08-01(b)

**CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS**



Name of Candidate Philip Greer
Address 101 Parkview Lane County Hinds
Telephone (Work) (601) 924-8438 (Home) _____ (Fax) _____
Contact Name _____ Email Address _____
Office Sought Rep. Political Party Rep.

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	11,750 + \$ 400	\$ 12,150	\$ 12,150
Total amount of disbursements \$	12,500 + \$ 0	\$ 12,500	\$ 12,500
Total amount of cash on hand \$		9,579	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Philip Greer
(Signature of Candidate) 1-30-2009
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Philip Greer
 Reporting period 1/1/8 to 12/31/8 through _____

Page _____ of _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Bell South</u>	<u>1/30/8</u>	\$ <u>300</u>
Mailing Address	<u>175 E Capital St</u>	<u>1/1/8</u>	\$
City, State, Zip Code	<u>Jackson, MS 39201</u>	<u>1/1/8</u>	\$
Name of Employer (Required)		<u>1/1/8</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Integrity</u>	<u>1/30/8</u>	\$ <u>9,600</u>
Mailing Address	<u>306 Mary Dr Ste D</u>	<u>1/1/8</u>	\$
City, State, Zip Code	<u>Brandon MS 39042</u>	<u>1/1/8</u>	\$
Name of Employer (Required)		<u>1/1/8</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Bayco</u>	<u>11/4/8</u>	\$ <u>300</u>
Mailing Address	<u>100 Bayco Rd.</u>	<u>1/1/8</u>	\$
City, State, Zip Code	<u>Pittsburgh, PA 15205</u>	<u>1/1/8</u>	\$
Name of Employer (Required)		<u>1/1/8</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>AT&T</u>	<u>11/6/8</u>	\$ <u>500</u>
Mailing Address	<u>175 E Capital St RM 707</u>	<u>1/1/8</u>	\$
City, State, Zip Code	<u>Jackson MS 39201</u>	<u>1/1/8</u>	\$
Name of Employer (Required)		<u>1/1/8</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Philip Greer

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Reporting period 1/1/8through 12/31/8

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>MS Dwyer (001) 982-0442</u>	<u>11/6/8</u>	<u>\$ 300</u>
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	<u>1/1/</u>	\$
	Aggregate year-to-date	\$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Georgia Pacific</u>	<u>11/6/8</u>	<u>\$ 250</u>
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
<u>Phoenix, AZ 85082-1270</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	<u>1/1/</u>	\$
	Aggregate year-to-date	\$

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Check into Cash of MS, Inc</u>	<u>12/23/8</u>	<u>\$ 250</u>
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
<u>Cleveland, TN 37864-0550</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	<u>1/1/</u>	\$
	Aggregate year-to-date	\$

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>El: Lilly</u>	<u>12/23/8</u>	<u>\$ 250</u>
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
<u>Indianapolis Indiana 46285</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	<u>1/1/</u>	\$
	Aggregate year-to-date	\$

Name of Candidate or Committee

Philip Brown

Page

of

Reporting period

1/1/8

through

12/31/8

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
<u>Philip Brown</u>		(Mo., Day, Year)	disbursement this period
Mailing Address			
<u>101 Pinehaven Court (Raccoon Creek)</u>		<u>6/12/08</u>	\$ <u>500</u>
City, State, Zip Code			
<u>Clinton MS 39056 (Lake Rumb)</u>		<u>8/7/08</u>	\$ <u>3000</u>
Purpose of Disbursement (Optional)			
B. Full name		Aggregate	
		Year-to-date	\$
Mailing Address		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
City, State, Zip Code			
<u>(Conventions)</u>		<u>8/29/08</u>	\$ <u>8000</u>
Purpose of Disbursement (Optional)			
C. Full name		Aggregate	
		Year-to-date	\$ <u>11,500</u>
Mailing Address		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
City, State, Zip Code			
		<u>8/7/8</u>	\$ <u>1000</u>
Purpose of Disbursement (Optional)			
D. Full name		Aggregate	
		Year-to-date	\$
Mailing Address		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
City, State, Zip Code			
			\$
Purpose of Disbursement (Optional)			
E. Full name		Aggregate	
		Year-to-date	\$
Mailing Address		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
City, State, Zip Code			
			\$
Purpose of Disbursement (Optional)			
F. Full name		Aggregate	
		Year-to-date	\$
Mailing Address		Date	Amount of each
		(Mo., Day, Year)	disbursement this period
City, State, Zip Code			
			\$
Purpose of Disbursement (Optional)			
		Aggregate	
		Year-to-date	\$